Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,
and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000
and total assets less than \$500,000 at the end of the year may use this form.

The organization may have for use a copy of this return to satisfy state reporting requirements.

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

Openito Public Inspection

Α -		e 2011 Calendar year, or tax year beginning , 2011, and ending	T -			
B	1	applicable C	ł .	Employer identification number		
⊨	Address	· 10000 Not obbioin, will town 1 bbbitilition		52-1082056		
<u> </u>	Name ch	11.01 2011 10110	E To	elephone r	number	
-	Initial ret Terminat	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(202)	608-1417	
	Amended			roup Ex umber	emption	
G		nting Method X Cash Accrual Other (specify) ► H Chec	٠		organization is not	
ı			red to	attach:	Schedule B (Form	
i				Z, or 99		
K		► X If the organization is not a section 509(a)(3) supporting organization or a section 527 organ	ızatıo	n and it	s gross receipts are	
••	norma	lly not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (tions) But if the organization chooses to file a return, be sure to file a complete return.				
L	Add Iir assets	nes 5b. 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	ıf tota	el ► Ş	21,383.	
		Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the ins				
		Check if the organization used Schedule O to respond to any question in this Part I			🗓	
-	1 (Contributions, gifts, grants, and similar amounts received		1	14,289.	
	2 F	Program service revenue including government fees and contracts		2	7,094.	
	1	Membership dues and assessments		3		
	1	nvestment income.		4		
	i .	Gross amount from sale of assets other than inventory 5a				
	1	Less cost or other basis and sales expenses 5b				
	1	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c		
	1	Gaming and fundraising events				
R		Gross income from gaming (attach Schedule G if greater than \$15,000)		122 37		
R E V	1	Gross income from fundraising events (not including \$ of contributions				
N U		<u> </u>				
U	'	from fundraising events reported on line 1) (attach Schedule G-if-the-sum-				
_		ess direct expenses from gaming and fundraising events.		- 1		
	a	Net income or (loss) from gaming and fundraising events (add lines 6a and 3		6d		
		Gross sales of inventory, less returns and allowances		2		
	1	Less cost of goods sold OGDEN UT76				
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
	1	Other revenue (describe in Schedule O)		8		
		•		. 9	21,383.	
		Fotal revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		10		
	l .	Grants and similar amounts paid (list in Schedule O)		 		
F	1	Benefits paid to or for members		11		
E X P		Salaries, other compensation, and employee benefits		12		
E N		Professional fees and other payments to independent contractors		13		
Š		Occupancy, rent, utilities, and maintenance		14		
جم ^ت	1	Printing, publications, postage, and shipping		15	223.	
2013		Other expenses (describe in Schedule O) See Schedule O		16	18,914.	
	1	Total expenses. Add lines 10 through 16		++	19,137.	
ಅ	18 E	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	2,246.	
AUG 0	19 1	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-cigure reported on prior year's return)	f-yeai	19	9,000.	
7	20 (Other changes in net assets or fund balances (explain in Schedule O) See Schedule O		20	-3,055.	
	:1	Net assets or fund balances at end of year Combine lines 18 through 20	>	-	8,191.	
SCANNED		Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2011)	
Z	'	•			(/	
Z						
Ċ						
Ø		TEEA0803L 08/05/11				

Rar	Tilis Balance Sneets. (see the Inst		estion in this Part II					
	Check if the organization used bene	date o to respond to diff que	Sation in this rait in		Beginning of ye	ear	Τ	(B) End of year
22	Cash, savings, and investments				9,000			8,191.
23	Land and buildings	•	,		3,000	_	23	
24	Other assets (describe in Schedule O)		-			┪	24	
25	Total assets		}		9,000	7	25	8,191.
26	Total liabilities (describe in Schedule O)				- 3,000		26	0,232.
	Net assets or fund balances (line 27 of c	column (R) must agree with I	line 21)		9,000	•	27	8,191.
Par	t III.	ice Accomplishments	(see the instra for Pa	art II	1.)	Ť		Expenses
<u> </u>	Check if the organization used Sch	nedule O to respond to any q	uestion in this Part	III	/ X			ured for section
What)(3) and 501(c)(4) nizations and section
Desc	is the organization's primary exempt purpose? See cribe the organization's program service ac sured by expenses. In a clear and concise	complishments for each of r	ts three largest proc	gram	services, as	149	947 <i>(</i>	(a)(1) trusts, optional
mea	sured by expenses in a clear and concise fited, and other relevant information for e	ach program title	tes provided, the hu	iiiibe	i oi persons	fc	or ot	hers)
28	EDUCATION OF YOUNG LEADER		PROCESS THR	OUC	SH	Τ		
	LEADERSHIP PROGRAMS AND A	CTIVE PARTICIPATIO	N IN CAMPAIG			1		
	POLITICAL ORGANIZATIONS,	AND SIMILAR ACTIVI	TIES			1		
		s amount includes foreign gr			·	[] 2	8a	
29	<u> </u>	•				Т		
]		
	(Grants \$) If the	s amount includes foreign gr	rants, check here		▶ [2	9 a	
30					-	1		
			.]		
				- -				
	(Grants \$) If the	s amount includes foreign gr	rants, check here		▶	3	30 a	
31	Other program services (describe in Sch	edule O)						
	(Grants \$) If the	is amount includes foreign gr	rants, check here		▶] 3	31 a	
32	Total program service expenses (add lin	nes 28a through 31a)			•	3	32	
Pai	tlV: List of Officers, Directors,				n if not compensated	l (s	ee th	e instructions for Part IV
	Check if the organization used Sc	hedule O to respond to any o	` 					
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensa (Form W-2/1099-MISC (If not paid, enter -0-	ation ())	(d) Health benef contributions to em benefit plans, a	volai	/ee	(e) Estimated amount of other compensation
LIS	SA STRICKEN	Chairman	<u> </u>	_	deferred compens	<u>atıo</u>	n i	
	D. BOX 15293	20		0.			0.	0.
WAS	SHINGTON, DC 20003				_			
	CK VENSTRA	VICE CHAIRMAN						
	BOX 15293	5		0.			0.	0.
	SHINGTON, DC 20003						_	
	SON WEINGARTNER	V. ChairAtLarge					<u>,</u>	0
	BOX 15293	5		0.			0.	0.
	SHINGTON, DC 20003							
	CK DUSIK	Secretary		ا ۱			_ ا	0
	BOX 15293	5		0.			0.	0.
	HSINGTON, DC 20003			\dashv				
	HN MILANOVICH	Treasurer	l.	_			ا ۲	•
	27 WEST MAIN STREET	5		0.			0.	0.
	ZEMAN, MT 59715	Para and days Do					_	
	NATHAN BANDY	Executive Dir.		_			ا ۸	0
	D BOX 15293	5		0.			0.	0.
WAS	SHINGTON, DC 20003	 					-	
								
								
			 		<u> </u>			
	- 							
							-	
								
BAA		TEEA0812L 0	12/14/12			_		Form 990-EZ (2011)
		IEEAUO12L U	/ C. 1 T/ 1 C.					(2011)

	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			П
22			Yes	No
	each activity in Schedule O	33		X
	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
	a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35 a		
	b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35 b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	35 c		X
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a N/F b Did the organization file Form 1120-POL for this year?	37b	anini di	X
	a Did the organization horrow from or make any loans to, any officer, director, trustee, or key employee or were	NO.	(7
L	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If 'Yes,' complete Schedule L, Part II and enter the total	38 a	(19,2,8,2)	X
L	amount involved [38b] N/F	<u>1</u>		
	Section 501(c)(7) organizations Enter		4.00	
	a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39a N/A N/A	- 7 se - corp. se	F.008-11 W. 11-VT	
]]	li Necial	
4U a	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A	is a		# #16.V
ŀ	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	FW	(6.3)	
	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 b		35a 430
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		400	
•	 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 	40 e	1202	X
41	List the states with which a copy of this return is filed None			
42 8	a The organization's books are in care of ► JOHN MILANOVICH Telephone no ► (406)	219	-329	90
42 8	a The organization's books are in care of ► JOHN MILANOVICH Located at ► 1627 WEST MAIN STREET BOZEMAN MT ZIP + 4 ► 59715			
	books are in care of ► JOHN MILANOVICH Located at ► 1627 WEST MAIN STREET BOZEMAN MT ZIP + 4 ► 59715		-329 Yes	No
	books are in care of ► JOHN MILANOVICH Located at ► 1627 WEST MAIN STREET BOZEMAN MT ZIP + 4 ► 59715 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
	books are in care of ► JOHN MILANOVICH Located at ► 1627 WEST MAIN STREET BOZEMAN MT ZIP + 4 ► 59715			No
	books are in care of ► JOHN MILANOVICH Located at ► 1627 WEST MAIN STREET BOZEMAN MT ZIP + 4 ► 59715 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
	books are in care of ► JOHN MILANOVICH Located at ► 1627 WEST MAIN STREET BOZEMAN MT ZIP + 4 ► 59715 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
t	books are in care of JOHN MILANOVICH Located at 1627 WEST MAIN STREET BOZEMAN MT ZIP + 4 59715 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	42 b		No X
t	books are in care of JOHN MILANOVICH Located at 1627 WEST MAIN STREET BOZEMAN MT ZIP + 4 59715 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U S.?			No
t	books are in care of JOHN MILANOVICH Located at 1627 WEST MAIN STREET BOZEMAN MT ZIP + 4 59715 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	42 b		No X
t	books are in care of JOHN MILANOVICH Located at 1627 WEST MAIN STREET BOZEMAN MT ZIP + 4 59715 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U S.?	42 b		No X
t	books are in care of JOHN MILANOVICH Located at 1627 WEST MAIN STREET BOZEMAN MT ZIP + 4 59715 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U S.?	42 b		No X
ı	books are in care of JOHN MILANOVICH Located at 1627 WEST MAIN STREET BOZEMAN MT ZIP + 4 59715 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U S.?	42 b		No X
ı	books are in care of JOHN MILANOVICH Located at 1627 WEST MAIN STREET BOZEMAN MT ZIP + 4 59715 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S.? If 'Yes,' enter the name of the foreign country	42 b	Yes	No X X X
43	books are in care of DOHN MILANOVICH Located at 1627 WEST MAIN STREET BOZEMAN MT ZIP + 4 59715 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	42 b	Yes Yes	No X X X N/A N/A
43	books are in care of DOHN MILANOVICH Located at 1627 WEST MAIN STREET BOZEMAN MT ZIP + 4 59715 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	42 b	Yes	No X X X X
43	books are in care of DOHN MILANOVICH Located at 1627 WEST MAIN STREET BOZEMAN MT Delephone no 59715 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead	42b 42c	Yes Yes	No X X X N/A N/A NO X X
43	books are in care of > JOHN MILANOVICH Located at > 1627 WEST MAIN STREET BOZEMAN MT ZIP + 4 > 59715 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year?	42 b 42 c 42 c	Yes Yes	No X X X N/A N/A NO X X X
43	books are in care of P JOHN MILANOVICH Located at P 1627 WEST MAIN STREET BOZEMAN MT ZIP + 4 P 59715 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	42b 42c 42c	Yes Yes	No X X X N/A N/A No X X X X
43 44:	books are in care of Located at 1627 WEST MAIN STREET BOZEMAN MT 2/P + 4 59715 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year A Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? If 'Yes,' provide an explanation in Schedule O Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?	42 b 42 c 42 c	Yes	No X X X N/A N/A NO X X X X X
43 44:	books are in care of S JOHN MILLANOVICH Located at S 1627 WEST MAIN STREET BOZEMAN MT ZIP + 4 S 59715 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? dI 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	42 b 42 c 42 c	Yes Yes	No X X X N/A N/A NO X X X X X

_ /	2-	-	\sim	\sim	^	\sim		_
h	/ –		11	×	_		~	h

Page 4

46 Did t	he organization engage, directly or indire	ctly, in political campai Schedule C. Part I	gn activities c	on behalf o	f or in opposition to	46		X
	Section 501(c)(3) organizations 501(c)(3) organizations and sec 47-49b and 52, and complete the	and section 4947 tion 4947(a)(1) noi	nexempt ch	xempt c l naritable	haritable trusts on trusts must answe	ly. All se r questio	ction	
	Check if the organization used Schedul			ıs Part VI				
47 Did t	he organization engage in lobbying activitionete Schedule C, Part II				during the tax year? If	'Yes,' 47	Yes	No
48 Is the 49a Did t	e organization a school as described in se he organization make any transfers to an	ection 170(b)(1)(A)(ii)? exempt non-charitable	If 'Yes,' comp	olete Sched		48 49 a		
50 Com	es,' was the related organization a section plete this table for the organization's five loyees) who each received more than \$10	highest compensated e	employees (of	ther than o	fficers, directors, truste	ees and key		
епр	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable c (Forms W-2/1	ompensation	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimate other con		
				_				
	I number of other employees paid over \$							
com	plete this table for the organization's five pensation from the organization. If there is	s none, enter 'None '	independent (
(a)	Name and address of each independent contractor paid	more than \$100 000		(b) Type (or service	(6) Com	pensatio	
						 		
								
				_				
52 Did f	il number of other independent contractor the organization complete Schedule A? N	ote: All section 501(c)(ons and 49	► 47(a)(1) nonexempt	► □ Ye		
	itable trusts must attach a completed Sches of perjury. I declare that I have examined this eturn and complete Declaration of preparer (other than office		dules and stateme	nts, and to the	e best of my knowledge and be		<u> </u>	NO
true correct,	and complete Declaration of preparer (other than) office	er) of based of all information of	of which preparer	nas any knowi	× 7-13	5-/3		
Sign	Signature of officer			-	Date			
Here	JOHN MILANOVICH Type or print name and title	$\overline{}$	Treasurer					
	Print/Type preparer's name	Plegarer's signature		Date	Check of F	PTIN		
Paid	JAKE NEIL	the Ni		7/10/13	self-employed E	20083743	34	
Preparer	Firm's name Neil and Compan					61 170	1245	
Use Only	Firm's address • 1184 N 15th Ste Bozeman, MT 597				Firm's EIN Phone no (40	61-170 6) 587-9		
May the If	RS discuss this return with the preparer s		uctions		TELIONE UD (410	> X Ye	_	No
						Form 99		(2011)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Qpen to Public linspection

Name of the organization	Employer identification number
YOUNG REPUBLICAN NATIONAL FEDERATION	52-1082056
Form 990-EZ, Part III - Organization's Primary Exempt Purpose	.
EDUCATION OF YOUNG LEADERS IN THE POLITICAL PROCESS THROUGH LEADERS	DERSHIP PROGRAMS
AND_ACTIVE_PARTICIPATION_IN_CAMPAIGNS, POLITICAL_ORGANIZATIONS,	AND SIMILAR
ACTIVITIES	
	·
	·

2011	Schedule O - Supplemental Informa	ation	Page 2
Client 960170	YOUNG REPUBLICAN NATIONAL FEDERATION	ON	52-1082056
7/11/13			12 07PN
Form 990-EZ, Part I, Other Expenses	Line 16		
Bank Charges Conferences, Con Event Expenses Field Expenses	ventions, and Meetings	\$	33. 1,577. 5,203.
Field Expenses Fundraising Expe Office Expenses Operational Expe	nses		5,924. 118. 221. 18.
Paypal Fees Technology Commi			380. 2,170.
Website Developm	ent	Total \$	3,270.
Form 990-EZ, Part I, Other Changes In Ne Prior Period Adj	t Assets Or Fund Balances	Total \$	-3,055. -3,055.

2011	11 Federal Exempt Organization Tax Summary (EZ)					
Client 960170	YOUNG REPUBLICAN NA	IG REPUBLICAN NATIONAL FEDERATION				
7/11/13				12 07 PM		
FORM 990-EZ RE	/ENUE	2011	2010	Diff		
	, gifts, and grants	14,289 7,094	129,043 22,056	-114,754 -14,962		
Total revenue		21,383	151,099	-129,716		
	fees/pymt to contractors lications, and postage s	0 223 18,914	400 242 152,662	-400 -19 -133,748		
Total expense	s	19,137	0	19,137		
Excess or (de Net assets/fu Other changes	<pre>FUND BALANCES ficit) for the year nd bal. at beg. of year in net assets/fund bal nd bal. at end of year</pre>	2,246 9,000 -3,055 8,191	-1,563 10,563 0 9,000	3,809 -1,563 -3,055 -809		